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**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
HAYAKAWA	CYNTHIA		394-3451
MAILING ADDRESS (Street)			FAX
516 Kawaihae St., E			395-4417
(City)	(State)	(Zip Code)	
Honolulu	HI	96825-1240	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
National Association of Insurance and Financial Advisors Hawaii		394-3451
MAILING ADDRESS (Street)		FAX
516 Kawaihae St., E		395-4417
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Cynthia Hayakawa		394-3451
MAILING ADDRESS (Street)		FAX
516 Kawaihae St., E		395-4415
(City)	(State)	(Zip Code)
Honolulu	HI	96825-1240

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human ServicesScience, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

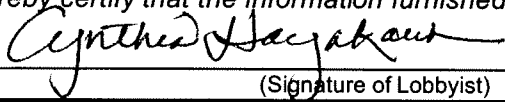
Culture, Arts, Historic  
PreservationHealthPlanning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Wayne Tanaka

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Immediate Past President

NAME OF ORGANIZATION (if applicable)

NAIFA Hawaii

TELEPHONE

394-3451

MAILING ADDRESS (Street)

516 Kawaihae St., E

FAX

(City)

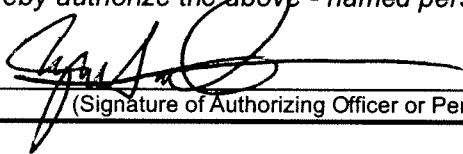
Honolulu

(State)

HI

(Zip Code)

96825-1240

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

1-19-07

(Date)